

## PART B—ISSUE FEE TRANSMITTAL

242-645

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## 1. CORRESPONDENCE ADDRESS

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AUG 08 1997

## 2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

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☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

08/636,286

04/23/96

015

YARNELL, B

3311

05/27/97

First Named  
Applicant

GROVE,

ROBERT E.

TITLE OF INVENTION METHOD FOR THE LASER TREATMENT OF SUBSURFACE BLOOD VESSELS

ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

3

P0547/7011

607-089.000

N38

UTILITY

YES

\$645.00

08/27/97

09/11/1997 LMERGER 00000316 08636286  
01 FC:242 645.00 OP

## 3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 WOLF, GREENFIELD &  
SACKS, P.C.

2 \_\_\_\_\_

3 \_\_\_\_\_

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## 5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

## (1) NAME OF ASSIGNEE:

STAR MEDICAL TECHNOLOGIES, INC.

## (2) ADDRESS: (CITY &amp; STATE OR COUNTRY)

PLEASANTON, CA

## 6a. The following fees are enclosed:

☒ Issue Fee ☐ Advance Order - # of Copies \_\_\_\_\_

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

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TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

# Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE  
Commissioner of Patents and Trademarks  
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marks  
RONALD J KRAMER  
WOLF GREENFIELD AND SAKS  
LIBERAL RESEARCH PLAZA  
300 ATLANTA AVENUE  
BOSTON MA 02101

on \_\_\_\_\_  
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